

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. 8257Registration District No. 24Primary Registration District No. 3038Registrar's No. 41

## 1. PLACE OF DEATH:

- (a) County Saline  
(b) City or town Marshall  
(c) Name of hospital or institution: 227 E. Yerby V  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Length of stay: In hospital or institution 4 mo (Specify whether years, months or days)  
In this community 4 mo

3. (a) PRINT FULL NAME ANDREW HARRISON GARRETT

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Edna M. Garrett 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased Jan 1 - 1874  
(Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days 27 If less than one day hr. min.9. Birthplace Norton (Rural) Saline Co. MO  
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

## 11. Industry or business

12. Name Albert H. Garrett  
13. Birthplace MO  
(City, town, or county) (State or foreign country)  
14. Maiden name Georgia A. Hedger  
15. Birthplace MO  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature [Signature]  
(b) Address 7829 Fleet, Wichita, Kansas  
17. (a) Burial (b) Date thereof 3-1-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Ridge Park Cem. Marshall MO  
18. (a) Signature of funeral director Harry Hershberger  
(b) Address Marshall MO  
19. (a) 2-29-40 (b) Mary Kent  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County Cedar  
(c) City or town Jerico Springs (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28<sup>th</sup>  
year 1940 hour 4 minute 30 A. M.21. I hereby certify that I attended the deceased from Mar 27, 1939 to Feb 28, 1940  
that I last saw him alive on Feb 27, 1940  
and that death occurred on the date and hour stated above.Immediate cause of death Carcinoma of duodenum  
of about two years duration  
Due to according to history

Due to \_\_\_\_\_

Other conditions 46  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence 3-1-1940  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 719  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature T. Manning (M. D. or other) 1  
Address Marshall, MO Date signed 2/28/40

## PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED  
Clinical Health Officer No. 8,  
STATE File Number 3-18-10  
Date Filed

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Signed Fred Wilkinson, Registered Apprentice No. \_\_\_\_\_  
Licensed Embalmer No. 2578  
P. O. Address Clinton, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, above space should be left blank.